

## 2004

Federal Employer I.D. Number		
Partnership Name		
Mailing Address		
City	State	Zip Code

Make checks payable to: State of New Jersey – PART  
Write the Federal ID number and tax year on the check.

Mail To: **Filing Fee and Tax on Partnerships**  
**PO Box 642**  
**Trenton, NJ 08646-0642**

1. Filing Fee (Line 4 of Filing Fee Schedule)
2. Installment Payment (Multiply Line 1 by .50)
3. Tentative Nonresident Noncorporate Partner Tax
4. Tentative Nonresident Corporate Partner Tax
5. Total Fee and Tax (Add Lines 1-4)
6. Less: Tax Paid on Behalf of Partnership
7. Less: Payment/Credit
8. Total Balance Due

[illegible]

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## FILING FEE SCHEDULE

- |   |  |                                  |         |
|---|--|----------------------------------|---------|
| 1 | Number of Resident Partners  | _____ x \$150.00                 | = _____ |
| 2 | Number of Nonresident Partners with<br>Physical Nexus to New Jersey    | _____ x \$150.00                 | = _____ |
| 3 | Number of Nonresident Partners without<br>Physical Nexus to New Jersey | _____ x \$150.00 x               | = _____ |
|   |  | Corporation<br>Allocation Factor |         |
| 4 | Total Filing Fee (Add Lines 1–3)                                       |                                  | _____   |

Carry the total from Line 4 to Line 1 on the front of Form PART-200-T. If the amount on Line 4 is greater than \$250,000, enter \$250,000 on Line 1 of Form PART-200-T.